

**BUREAU FOR PRIVATE POSTSECONDARY
AND VOCATIONAL EDUCATION**

Physical Address: 400 "R" Street, Suite 5000, Sacramento, CA 95814
Mailing Address: P.O. Box 980818, West Sacramento, CA 95798-0818
Phone: [Current Phone Number] FAX: [current fax number]
STRF-02, January 1, 2002

Bureau Use Only: School Code: _____ Closure Date: _____ Claim: _____ Misc: _____

EXHIBIT B

STUDENT TUITION RECOVERY FUND (STRF) APPLICATION

Social Security Number

Last Name (Include Suffix, Jr., Sr., etc.)

First Name

Middle Name

Name used while attending the school if different from above:

Last Name (Include Suffix, Jr., Sr., etc.)

First Name

Middle Name

Local/Mailing Address

Apartment Number

Home Address (If different from Local/Mailing Address)

Apartment Number

City

State

Zip Code

()

()

Home Phone Number

Work Phone Number

Extension

Date of Birth

Student Tuition Recovery Fund – Are You Eligible?

You may be eligible for STRF if you meet **all four** of these criteria:

1. You were a “California resident” who enrolled in an approved school or registered school offering Short-term Career Training prior to the school’s closure.
2. You prepaid tuition.
3. You paid the STRF fee ~~at the time of enrollment/when you paid tuition (see your enrollment agreement).~~
4. You suffered an economic loss.

Please check any of the following condition(s), that may apply under the California Education Code, Sections 94944(a)(1)-(a)(2). This will assist the Bureau in determining your eligibility for reimbursement from the STRF:

- ☐ The ~~institution~~ school closed **while you were attending.**
- ☐ The ~~institution’s~~ school’s failure to pay refunds or charges on behalf of a student to a third party for licensee fees or any other purposes, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the institution.
- ☐ The ~~institution’s~~ school’s failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the ~~institution~~ school prior to closure in excess of tuition and other costs.
- ☐ The ~~institution’s~~ school’s breach or anticipatory breach of the agreement for the course of instruction.
- ☐ There was a decline in the quality or value of the course of instruction within the 30-day period before the closure of the institution school closed or, if the decline began before that period earlier than 30 days prior to closure, the period of decline determined by the Bureau.¹
- ☐ The ~~commission of a~~ school committed fraud ~~by the institution~~ during the ~~solicitation~~ recruitment or enrollment of, or ~~during the~~ program participation of, the student.
- ☐ The student obtained a judgment rendered against the ~~institution~~ school for ~~any~~ violation of the “Private Postsecondary and Vocational Education Reform Act of 1989” and the student certifies that the judgment cannot be collected after diligent collection efforts.

You are **NOT** eligible for STRF if you meet **ANY** of these criteria:

- ~~If you are temporarily residing in California for the purpose of pursuing an education or hold a visa issued by the United States Immigration and Naturalization Service, such as a student visa or temporary workers visa. You were not a California resident who attended a Bureau approved or registered school.~~
- ~~If All of your tuition was paid by a third-party payer (such as an employer, government program, or other payer) paid all of your tuition and you have no separate agreement to repay the third party.~~

¹ You must include a statement describing in detail the nature of the loss incurred. Please use the comments/additional information page at the end of this application to detail the nature of the loss.

Please respond to each question and write legibly. Failure do to so can result in an incomplete application that may not be processed and returned to you.

I. GENERAL INFORMATION

PLEASE CIRCLE

1. Were you a California resident at the time of enrollment?.....**Yes No**
2. Did you pay the STRF fee? (check your enrollment agreement).....**Yes No**
3. Do you hold a Student Visa or a Temporary Workers Visa?**Yes No**
4. Did you hold a high school diploma or GED prior to enrollment in the postsecondary school?.....**Yes No**
If **no**, please answer the following questions:
 - a) Did you take an “ability to benefit” or an entrance exam?.....**Yes No**
 - b) Date of exam:_____
 - c) Type (Name) of exam:_____
 - d) Location where the exam was taken:_____
 - e) Did you receive any assistance?_____
 - f) Did you receive a high school diploma or GED before leaving the postsecondary school?.....**Yes No**
5. Were you recruited by an agent or other employee of the postsecondary school?.....**Yes No**
6. What is your primary language? _____
7. What primary language was used to teach the course? _____
8. Have you previously applied for a STRF reimbursement?.....**Yes No**
If **yes**, please provide the name of the school previously attended:_____

II. SCHOOL INFORMATION

School Name

Street Address

City

Zip Code

Course/Program Title(s)

Course/Program Length

1. Dates of attendance: From _____ To _____
(mm/dd/yy) (mm/dd/yy)
2. Did you ever take a leave of absence during the time of enrollment?.....**Yes No**
If **yes**, please provide a copy of your **approved** leave of absence from the school.

3. Did you graduate before the school closed?**Yes No**

If **yes**, when? _____

If **no**, list all courses completed.

4. Did you stop attending class before the school closed?**Yes No**

If **yes**, please explain why. _____

5. Did the quality of instruction decline before the school closed?.....**Yes No**

If **yes**, please provide the approximate date of decline: _____

Briefly describe the decline: _____

6. Did the course of study or the portion completed, prepare or allow you to take a state or national licensure exam?**Yes No**

If **yes**, please provide the licensure exam title: _____

7. Did you transfer to another school?..... **Yes No**

If **yes**, provide a **copy** of your enrollment agreement from the **new** school and list any classes and/or units transferred:

8. Have you filed a complaint against the school with the **United States Department of Education, California Student Aid Commission/Ed Fund, your lender/loan holder** and/or the **Bureau for Private Postsecondary & Vocational Education**?**Yes No**

If **no**, please explain why.

9. Did you obtain a court judgment against the school? **Yes No**
10. Were you able to collect the judgment from the school?..... **Yes No**
 If no, please provide a **copy of the judgment** and copies of documents showing your efforts to enforce the judgment.

NOTE: THE BUREAU STRF WILL ONLY PAY THE GREATER OF EITHER THE TOTAL GUARANTEED STUDENT LOAN DEBT INCURRED IN CONNECTION WITH ATTENDING THE SCHOOL, OR THE TOTAL OF THE TUITION, AND APPLICABLE FEES RELATED TO THE COURSE OF INSTRUCTION. **THIS MAY BE LESS THAN THE COURT JUDGMENT.** THE BUREAU MAY ONLY PAY A COURT JUDGMENT UNDER THE STRF IF A LESSER AMOUNT IS DUE. PLEASE PROVIDE ITEMIZED DOCUMENTATION OF YOUR ACTUAL EXPENSES. **OMISSION OF DOCUMENTATION OR AN ITEMIZED LIST MAY DELAY THE PROCESSING OF YOUR CLAIM.**

III Itemization of Tuition Cost

Please document the amount and provide a description of your economic loss:

Tuition: \$ _____

Other Costs: \$ _____
 Books, equipment, lab fee, vouchers, kits, machines, etc. Please provide an itemized list.

Note: "Other Costs" do not include such items as:
Child care, parking, transportation, housing/rent, etc.

Total \$ _____

YOU MUST PROVIDE A COPY OF YOUR ENROLLMENT AGREEMENT, RECEIPTS AND ALL OTHER DOCUMENTS TO SUBSTANTIATE YOUR EXPENSES.

IV. Payment Information

- Did you receive assistance from a third party (including, but not limited to workers compensation, vocational rehabilitation, insurance company, military, etc.) to pay any part of the tuition?..... **Yes No**
 If **yes**, please provide documentation detailing the assistance received and attach it to your application.
- Have you received an educational service offered pursuant to a contract between the institution and a community college, a high school, or an employer, which has the responsibility for tuition fees?..... **Yes No**
 If **yes**, provide documentation and attach it to your application.
- Did you pay any cash for tuition?..... **Yes No**
 If **yes**, please provide **copies** of receipts, the school ledger card showing payments, and/or statement from school showing paid in full, credit card statements, **canceled** checks (front and back).
- Did you receive a Grant?..... **Yes No**
 If **yes**, please provide documentation and attach to this application.
- List any other type of Loan, Grant, or Financial Assistance. _____

V. LOAN INFORMATION

1. Did you receive a loan of any type (including, but not limited to guaranteed student loan, private loan, retail installment agreement, PLUS, NDSL, SLS, CLAS, Stafford, etc.) to pay any part of the tuition?**Yes No**
If **yes**, provide name of the lender, and any state or federal agency that guaranteed or reinsured the loan, and the most current loan statement(s):

If you received a loan and were in attendance 90 days prior to the closure, you may be eligible for loan discharge if the loan was guaranteed. To inquire about loan discharge please contact your lender or the United States Department of Education at [current phone number].

PLEASE PROVIDE ALL COPIES OF ANY LOAN PAPERS AND COPIES OF YOUR LAST LOAN STATEMENTS. (YOU MAY CONTACT THE CALIFORNIA STUDENT AID COMMISSION/ED FUND AT [CURRENT PHONE NUMBER], YOUR GUARANTEE AGENCY, LOAN SERVICER, LENDER OR THE US DEPARTMENT OF EDUCATION AT [CURRENT PHONE NUMBER] FOR COPIES OF YOUR LOAN DOCUMENTS). **OMISSION OF THESE DOCUMENTS MAY DELAY THE PROCESSING OF YOUR CLAIM.**

2. Were payments made on the loan(s)?.....**Yes No**
If **yes**, please provide documentation and attach **copies** of **canceled** checks (front and back), charge slips, receipts, payment history from the bank, etc. to this application.
If **no**, please explain why.

- _____
- _____
3. Do you have any loan(s) in default?.....**Yes No**
4. Have you been subject to wage garnishment or tax offset?.....**Yes No**
If **yes**, provide **copies** of the documents.

VI. EMPLOYMENT HISTORY.

Employer Name: _____

Location: _____

Employer Phone: _(_____) _____

Your Job Title: _____

Dates of Employment: _____

Employer Name: _____

Location: _____

Employer Phone: _(_____)_____

Your Job Title: _____

Dates of Employment: _____

=====

Employer Name: _____

Location: _____

Employer Phone: _(_____)_____

Your Job Title: _____

Dates of Employment: _____

=====

Employer Name: _____

Location: _____

Employer Phone: _(_____)_____

Your Job Title: _____

Dates of Employment: _____



**BUREAU FOR PRIVATE POSTSECONDARY
AND VOCATIONAL EDUCATION**

Physical Address: 400 "R" Street, Suite 5000 • SACRAMENTO, CA 95814-6200
Mailing Address: P.O. Box 980818 • West Sacramento, CA 95798-0818
Phone: (916) 445-3427 • FAX: (916) 323-6571



VI. Loan Negotiation, Certification, and Authorization

Do you approve the Bureau to negotiate your loan?.....**Yes No**

If **yes**, please complete and sign this form authorizing the Bureau to negotiate,
on your behalf, with the loan holder.

- 1) By signing this form, you are authorizing the Bureau to use the amount of any payment you are entitled to receive to pay towards any outstanding balance you may have on a student loan. Any monies remaining after such loan balances are paid will be refunded to you.
- 2) In the event the Bureau pays all or part of your claim, the Bureau shall be subrogated to all your legal rights against the institution to the extent of the amount of the payment.

**TO WHOM IT MAY CONCERN, I AUTHORIZE THE RELEASE OF MY
LOAN INFORMATION TO A REPRESENTATIVE OF THE BUREAU FOR
PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION FOR
THE SOLE PURPOSE OF LOAN NEGOTIATION ON MY BEHALF.**

Social Security Number: _____

Student's Full Name (PRINTED)

Student's Full Name (SIGNATURE)

Date

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTICE: DISCLOSURE OF YOUR PERSONAL INFORMATION IS MANDATORY.

California Education Code section 94944 authorizes the Bureau for Private Postsecondary and Vocational Education (Bureau) to collect your personal information, including your social security number. Your personal information will be used primarily by the Bureau's Student Tuition Recovery Fund Unit for the processing of your STRF application and for negotiation of loan discharges, if applicable. If you fail to disclose personal information, your application may not be processed and may be returned to you as "incomplete." Failure to complete your application in a timely manner may potentially result in a waiver of your right to reimbursement from the STRF. Individuals have a right of access to records containing personal information pertaining to that individual, which are maintained by the Bureau. Individuals may obtain information regarding the location of her or his records by contacting the Bureau's Information Practices Act (IPA) coordinator at the below address and telephone number.

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Signature of Applicant

Date of Application

Please Note: Your application may not be processed unless it is **complete and legible**. Please take a few minutes to go back through this application to ensure you have provided complete information. Where information is unknown or not available to you, please indicate this in your response. Thank you.

Mail this STRF application and copies of your documentation to:

**Student Tuition Recovery Fund
Bureau for Private Postsecondary and Vocational Education
P.O Box 980818
West Sacramento, California 95798-0818
(916) 445-3427**